

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 31 2011

Secretary of State
Capitol Office

DATE STAMP

Name of Candidate Earle S. Barks
Address 2307 M. L. King Dr.
Jackson, MS 39213
Telephone 601-355-5574 Fax _____
Contact Name _____ Email _____
Office Sought District 67 Political Party D

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
✓ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,300 ⁰⁰ + \$ 1,400 ⁰⁰ =	\$ 2,700 ⁰⁰	\$ 2,700 ⁰⁰
Total amount of disbursements	\$ 850 ⁰⁰ + \$ 272 ⁰⁰ =	\$ 1,022 ⁰⁰	\$ 1,022 ⁰⁰
Total amount of cash on hand		\$ 8,058 ⁰⁰	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Earle S. Barks

Date 1/31/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Earle S. Banks

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Reporting period

Jan 1, 2010

through

Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	Sheila Bed	12/16/10	\$ 250.00
Mailing Address	1424 Crete St	—/—/—	\$
City, State, Zip Code	New Orleans LA 70119	—/—/—	\$
Name of Employer (Required)	MS Youth Justice Project	—/—/—	\$
Occupation (Required)	Attorney	Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	W.B Consolidated	12/15/10	\$ 300.00
Mailing Address	770 N. West St	—/—/—	\$
City, State, Zip Code	Jackson, MS 39205	—/—/—	\$
Name of Employer (Required)	Self	—/—/—	\$
Occupation (Required)	Lobbyist	Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	Empac MS	11/30/10	\$ 250.00
Mailing Address	P.O. Box 1640	—/—/—	\$
City, State, Zip Code	Jackson, MS 39215	—/—/—	\$
Name of Employer (Required)		—/—/—	\$
Occupation (Required)	Lobbying	Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		—/—/—	\$
Mailing Address		—/—/—	\$
City, State, Zip Code		—/—/—	\$
Name of Employer (Required)		—/—/—	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee

Earle S. Bank

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Reporting period

Jan 1, 2010

through

Dec 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Two Sisters Restaurant	12/16/10	\$ 850.00
Mailing Address		
901 N. Congress St		
City, State, Zip Code		
Jackson, MS 39201		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 850.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$